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ABSTRACT

The guide is intended to serve as an information resource for school social workers in their interactions with emotionally handicapped (EH) students and their teachers. Following a definition of the EH student, the first of six brief chapters uses a question-and-answer format to discuss the role of the social worker in student assessment and the individualized education program (IEP) meeting, including a typical agenda and examples of case conference materials. The IEP is the focus of the second chapter, and a sample IEP form is provided. Chapter III outlines the range of behaviors exhibited by EH students and discusses behavior management strategies and interventions (behavior modification, contingency contracting, reinforcers). The role of the social worker in facilitating behavior management plans and goals is described, and sample report forms and checklists are provided. Chapter IV summarizes affective education and provides a list of relevant readings. The importance of interprofessional and parent communication is highlighted in Chapter V, while a final chapter consists of 31 tips for social workers in dealing with students and teachers. Three appendices deal with the topics of parental rights, continuum of services, and the placement process. A glossary and bibliography conclude the document. (JW)

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# SOCIAL WORKER'S RESOURCE GUIDE FOR SUPPORTING PROGRAMS FOR EMOTIONALLY HANDICAPPED STUDENTS

Division of Special Education
Indiana Department of Education

Indiana Committee on the Emotionally Handicapped
Shirley J. Amond, Chairperson

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June 1987

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Under the leadership of the Indiana State Advisory Council on the Education of Handicapped Children and Youth, the Indiana Committee on the Emotionally Handicapped has continued its efforts to resolve those issues which inhibit the development of programs for seriously emotionally handicapped students.

This publication is the result of the cooperative efforts of many individuals. Those individuals have contributed time and shared their expertise toward the completion of this activity.

To all those who served on the committee, a special note of thanks is expressed. The sharing of information and personal skills in the research, writing, and editing of this publication is deeply appreciated.

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Social Worker's - Resource Guide

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## PREFACE

The emotionally handicapped have been the most underserved special education population in public schools.

It is the opinion of the committee preparing this document that one of the inhibiting factors in program development is insufficient supportive data on the initiation, development, and management of programs for this population.

The purpose of this document is to provide an informational resource guide for counselors, social workers, and related services personnel who will be involved with supporting emotionally handicapped students.

The role of these professionals will vary with the philosophy of the school corporation and the building principal. The information provided is directed at how the professional worker can support the students, parents, and teachers involved in the emotionally handicapped program.

Experience has taught us that there are four basic ingredients in a successful program for emotionally handicapped students:

1. A strong statement of philosophy;
2. A supportive attitude of all individuals involved with the program;
3. A well-developed and communicated plan for the program; and
4. A structured and integrated system of ongoing communication.

The counselor, social worker, and related services personnel should become aware of all aspects of the program in order to provide the support needed to assist the staff in meeting the needs of the emotionally handicapped students.

## DEFINITION

The following definition of a seriously emotionally handicapped child will provide you with a description of the type of child with whom you will be working in your role as social worker.

A seriously emotionally handicapped (SEH) child is a child with a severe condition exhibited over a long period of time to a marked degree which adversely affects educational performance and is characterized by one or more of the following: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic); (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teacher; (c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted); (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems.

Indiana Rule S-1
P.L. 94-142

In general, an emotionally handicapped student has problems involving lack of awareness and/or understanding of self and environment of such duration, frequency, or intensity as to result inn an inability to control behavior or express feelings appropriately, thereby significantly impairing performance in the classroom and in school-related activities. The general characteristics include one or more of the following:

(a) <u>an inability to learn which cannot be explained by intellectual, sensory, or health factors (including children who are autistic)</u>.

Significant deficits in the level of functioning may be the most pronounced characteristic of emotionally handicapped children in school. This significant deficit in the learning process may be manifested as impairments in classroom performance and school learning experience as well as failure to master skill subjects. The difference between a child's performance and level of expectancy becomes more significant as a student advances through his school career. This discrepancy may appear to be insignificant in a child's early school years, therefore, making it more difficult to identify a young student based on the inefficiency in functioning level.

(b) <u>an inability to build or maintain satisfactory interpersonal relationships with peers and teachers</u>.

The term "satisfactory interpersonal relationships" refers to the ability to establish and maintain close friendships; the ability to work and play cooperatively with others; the ability to demonstrate sympathy, warmth, and sharing with others; the ability to be assertively constructive; and the ability to make appropriate choices for social interaction. In most instances, children who have difficulty building or maintaining satisfactory interpersonal relationships are readily identified by both peers and teachers.

(c) an inappropriate type(s) of behavior or feeling under normal circumstances (does not include children who are only socially maladjusted).

Behavior is seen as inappropriate when disturbed internal states lead to socially aberrant or self-defeating behavior; that is, behavior which is clearly discordant with that which would normally be expected.

(d) a general pervasive mood of unhappiness or depression.

Children who are unhappy or depressed may exhibit a loss of interest or pleasure in all or most all usual activities and pastimes. These behaviors may be expressed verbally or nonverbally, as in frequently sad facial expression, changed peer relations, social isolation, reduced academic achievement, hyperactivity, or restless agitated behavior.

(e) a tendency to develop physical symptoms or fears associated with personal or school problems.

A child may exhibit physical symptoms such as excessive fatigue, dizziness, nausea, rashes, or an unexplained loss of or alteration in physical functioning; unrealistic fears, such as harm to parents or occurrence of calamities; or pains, such as headaches or stomachaches. Possible physical etiologies should be ruled out prior to attributing the behavior(s) to a psychogenic cause.

# Chapter I

## Assessment

1. What is the social worker's role in assessing students in need of special services?

   The social worker may receive referrals from teachers concerning students who are having academic or behavioral difficulties which may be associated with home problems. At this point, the social worker may make home visits and work with parents or refer students to outside sources such as mental health, welfare, etc. Information gained from these contacts will provide important assessment data.

2. In the event a student is referred for an evaluation to determine eligibility in an emotionally handicapped, what is involved in the assessment process? What roles do various professionals have in the assessment?

   The school psychologist has a major role in assessment by obtaining data related to the five areas of the definition of emotionally handicapped students.

   In relation to an inability to learn which cannot be explained by intellectual, sensory, or health factors, assessment should include measures of intellectual ability, achievement, health, and sensory functioning, as well as data regarding school grades and classroom performance.

   Interpersonal relationships are assessed by behavior checklists completed by teachers and parents as well as student reports. These may include the Behavior Rating Profile (student, teacher, and parent forms), classroom observation, Behavior Evaluation Scale, etc.

   Inappropriate behavior under normal circumstances (obsessive-compulsive behaviors; distorted perception of reality; problems with sexual issues; chronic violation of age appropriate and reasonable home or school rules; violent anger reactions, temper tantrums; regressive behaviors) are assessed by behavior checklists completed by parents and teachers, student report, and observation data. Typical instruments include the Behavior Rating Profile, Child Behavior Checklist, Sentence Completion Test, Louisville Behavior Checklist, etc.

   A general pervasive mood of unhappiness or depression may be assessed by depression inventories, teacher reports, classroom observations, etc.

   Finally, a tendency to develop physical symptoms or fears associated with personal or school problems may be manifested in excessive separation anxiety, generalized or persistent anxiety, and extremely poor self-esteem. These symptoms may be assessed through self-esteem instruments, anxiety or other affective instruments, and projective instruments.

   Teachers provide data concerning student's performance and behavior in the classroom, and counselors provide previous intervention data/ results as well as academic history. The social worker may provide data on the home and family situation as well as the student's involvement with other community agencies.

3. What is the social worker's role in the case conference meeting?

Assessment is an ongoing process which is continued into the case conference meeting. At this point, the social worker, along with the school psychologist, teachers, parents, principal, and other participants, offers additional data and helps in formulating both the child's eligibility for placement and an appropriate IEP if the student is placed. Social workers input relative to the family situation will be very important in developing the most appropriate program.

In situations where a student's needs include outside counseling, regular attendance, vocational opportunities, etc., the social worker can be helpful in identifying appropriate resources necessary for implementing the IEP.

At the conclusion of the case conference meeting, a profile of the student's strengths, weaknesses, needs, and projected program will have been completed.

4. What is a typical agenda for a case conference?

A. Introduction of Participants

B. Give purpose of the meeting and inform parents verbally of their rights (see Appendix A)

C. Make statement of referral problem from the source that initiated the referral (school, parent, teacher, etc.)

D. Share information

1. Classroom teacher(s) (Teachers should bring grade book, attendance roster, samples of work, if appropriate, and a cumulative folder on this student). Teacher should be prepared to discuss:

-reading level and mastery of skills
-spelling and writing ability
-arithmetic skills
-other subject matter
-listing and comprehension skills
-behavior

2. School psychologist and other members of the multidisciplinary evaluation team. Members should be prpepared to discuss:

-intellectual evaluation
-social/emotional assessment
-academic assessment
-behavioral observations
-other relevant information

3. Nurse, Teacher, Parent - Health/Attendance/Vision

4. Counselor, Principal - Cumulative Record

5. Parent - Home and Family

E. Discuss and analyze what the reports say about the child and the child's needs

F. Recommend placement in an appropriate program. NOTE: If special education is recommended, develop an Individualized Education Program (IEP). Attention should be paid to the continuum of services and the appropriate option for the student (See Appendix B).

5. What are types of assessment materials with which I may need to be familiar?

The following pages include samples of some of these materials. If you desire more specific information about assessment materials used in your school district, contact the Director of Special Education.

SCHOOL INTERVENTION CHECKLIST

Student _____ School _____

D.O.B. _____ Teacher _____

Date _____

Please check and comment on what has been tried with this student:

| TECHNIQUE | DATES | STAFF | RESULT |
|---|---|---|---|
| 1. Environmental management | | | |
| 2. Contingency reinforcement | | | |
| 3. Define student's limits | | | |
| 4. Schedule modification | | | |
| 5. Modify instructional techniques | | | |
| 6. Instructor(s) change | | | |
| 7. Contracting | | | |
| 8. Reduce teacher-student ratio | | | |
| 9. Parent conferences | | | |
| 10. Teacher consultation with:<br>a. Psychologist<br>b. EH teacher<br>c. Social worker<br>d. Counselor<br>e. Principal | | | |
| 11. Direct student involvement with:<br>a. Psychologist<br>b. EH teacher<br>c. Social worker<br>d. Counselor<br>e. Principal | | | |
| 12. Isolation/time-out | | | |
| Other<br>1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

LEARNER PROFILE

1. Strengths

2. Weaknesses

3. Learning modalities

4. Structure required (time, space, activity)

5. Interests/motivators/reinforcers

6. What behaviors interfere with learning?

7. Social-emotional needs

8. Physical/health limitations

9. Parent/community involvement

STRATEGIES:

- Classroom

- Curriculum

- Behavior Management

- Support Services (include school, family, community)

Sample - Pertinent Data

BACKGROUND--William Johnson

William is an 11-year-old male from a family of four. His father, a businessman, and his mother, a housewife, adopted him when he was 4 weeks old.

When he was 5 years old, William's parents enrolled him in kindergarten at an academically competitive private school. He was described as not only aggressive, hyperactive, inattentive, and less capable than his peers, but as having poor relationships with his peers, an antagonistic attitude toward his teachers, and academic problems (especially in math and handwriting). During the fifth grade, his parents transferred him to a public school. William liked the school better, but problems persisted.

BEHAVIOR IN SCHOOL

William is at least two years behind his peer group in mathematics. His teacher reports a very short attention span and poor memory.

William cannot tell time, and when his teacher tries to help him with questions such as "Where is the hour hand?" and "Where is the minute hand?" he typically answers, "Oh, I don't know, and I don't care!" She says he seems quite content with C's and D's.

With respect to peer relationships, both William and his teacher see him as alienated. She sees him as immature and as inadvertently inviting his difficulties. On several occasions, he has hit or pushed children who teased him. William says none of the children like him because he does not do well in school. He seems to get along better with adults, although he has had some difficulties.

BEHAVIOR AT HOME AND IN THE COMMUNITY

Mrs. Johnson believes that much of William's difficulty with speech stems from laziness. His behavior annoys her to the point that she screams at him and criticizes him. She says "he acts like he doesn't hear me, but I know he does. We've had his hearing checked."

The Johnson's see William as irresponsible and sloppy; Mr. Johnson says he has to correct William three or four times during each meal.

The Johnson's have infrequent family activities. William has one friend in the neighborhood, a child who is several years younger than he. Most of the time, however, he plays with the family cat.

NATURE OF THE REFERRAL

The Johnson's have resisted seeing William's problem as anything other than laziness and meanness. They do not want to go to a mental health clinic. At a parent-teacher conference held early in the year, it was decided that William's sixth grade teacher should refer him for an evaluation to determine eligibility for special education programming.

# Chapter II

# Individualized Education Program (IEP)

## THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Appropriate educational services cannot be provided without identifying the needs of individual students. Recognizing this, P.L. 94-142 has required that each student placed in a special education program has an Individualized Education Program. The IEP ensures an appropriate program for students with emotional handicaps.

An IEP includes long term goals and short term objectives. Long term goals are that part of an IEP that specifies academic or behavioral goals to be achieved during the school year. Short term objectives are detailed and measurable steps leading toward mastery of an annual goal.

### CONTENT OF THE IEP

The IEP must contain the following components:

1. Current level of performance.
2. Annual goals and objectives.
3. Related services to be provided.
4. Extent the child will participate in regular education.
5. Evaluation criterion.
6. Projected date for initiation and anticipated duration of services.
7. Placement and placement options, including reason for selected placement.
8. Persons involved in the implementation of the IEP.
9. Case Conference team members.

### REVIEWING AND REVISING THE IEP

A case conference may be conducted at any time when revisions in a child's program seem warranted. The case conference must be conducted at least once each year to review and, if necessary, revise each handicapped child's IEP. The meetings may be held anytime during the school year including (1) at the end of the school year, (2) during the summer, before the new school year begins, or (3) on the anniversary date of the last IEP meeting on the student.

### IMPLEMENTING THE IEP

The teacher will translate the IEP goals and objectives to daily instructional activities. Written goals and objectives held educators:

-Motivate students. If students know their goals, they have a greater chance of achieving them.
-Make lesson plans relevant to the student's targeted needs.
-Document that the student is making progress.
-Facilitate teacher-parent communication. The goals and objectives serve as a basis for conferences on the student's progress.

### THE SOCIAL WORKER'S ROLE IN IMPLEMENTING THE IEP

An integrated service delivery system is essential in meeting the objectives on the IEP. Sharing information across all disciplines on classroom goals and strategies is necessary. It is important that the social worker engage in cooperative efforts to integrate his/her services into the overall program for the student.

A sample IEP is presented on the following pages.

SAMPLE

INDIVIDUAL EDUCATIONAL PLAN

Student:
DOB:
Grade:
Date:
Time:

Parent:
Address:

Phone:

MEMBERS:

PRESENT LEVEL OF FUNCTIONING/REVIEW OF CURRENT INDIVIDUAL EDUCATIONAL PLAN:
(Academic Achievement, Communication Skills, Self-Help Skills, Psychomotor Skills, Social Skills, etc.)

ANNUAL GOALS:

**Name:**
I.E.P., Cont'd.
**Date:**
**Page:**

Annual Goal:

| Entry Date | Comp. Date | Short-term Objectives | Suggested Teaching Strategies: Methods and Materials | Evaluation Procedures | Criteria: Successful Performance |
|---|---|---|---|---|---|
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12

Name:
I.E.P.. Continued
Date:
Page:

SPECIAL EDUCATION RELATED SERVICES:

EXTENT OF PARTICIPATION IN SPECIAL EDUCATION:

EXTENT OF PARTICIPATION IN REGULAR CLASS:

The student shall spend the remainder of the day in the regular education program.

---

DATE OF INITIATION AND ALTERATION OF SERVICES:

The program will begin _____, _____, and continue through _____ _____
Any member of the committee may reconvene the case conference committee prior to that date.

PERSONS INVOLVED IN IMPLEMENTATION OF I.E.P.:

*NOTICE OF PARENT RIGHTS:*

*The parents were informed of and received a copy of the notice of parent rights.*

# Chapter III

# Behavior Management

## WHAT IS BEHAVIOR MANAGEMENT?

Behavior management is the process of maintaining appropriate student behaviors through a variety of approaches. It is assumed that all approaches will be used fairly and ethically. All students must be treated with the same respect demanded of them. The primary responsibility of the professional working with the student who has emotional handicaps, is to provide a structured, organized, positive environment conducive to teaching appropriate behaviors and replacing existing inappropriate ones. It is important to use the same strategies consistent with the overall behavior management plan. Lack of consistency increases the probability that the student will continue to exhibit the problematic behaviors.

The following wide range of behaviors frequently observed in students indicate those for which the social worker may need to respond:

NON-COMPLIANCE -- Refusing to:
- follow directions
- remain in assigned seat
- stay on task
- accept authority

PHYSICAL AGGRESSION
- kicking
- hitting
- biting
- spitting
- throwing things
- destruction of property
- self-abusive behaviors

VERBAL AGGRESSION
- swearing
- verbal threats
- name calling

ATTENTION SEEKING BEHAVIORS
- excessive talking out
- obscene gestures
- inappropriate facial expressions
- unnecessary questions
- inappropriate noises
- power struggles (peers/adults)

REFUSING TO ACCEPT RESPONSIBILITY
- lying
- cheating
- denial
- shifting blame

INADEQUATE SOCIAL SKILLS
- stealing
- inability to cope with conflict
- manipulation
- hostility
- insecure relationship with others

POOR SELF-CONCEPT
- withdrawal
- depression
- mood swings
- poor eye contact
- overestimation of self-importance

POOR DECISION MAKING SKILLS
- easily led into trouble by others
- unable to consider or predict options/consequences

STRATEGIES AND INTERVENTIONS USED TO MANAGE BEHAVIOR

It is important to work closely with the student's teachers and follow the behavior management plan in the student's IEP. The techniques most frequently used with students who have emotional handicaps are behavior modification, contingency contracting and reinforcers. These would be appropriate for social workers to use when interacting with these students. Consistency and planning are critical to the success of any of these techniques.

Behavior Modification plans should be based on the principle that behavior which is positively reinforced increases in frequency. Delivering positive consequences for appropriate behavior and ignoring inappropriate behavior is the basic technique. It must be used properly to insure effectiveness. Below are a few rules:

1. Be consistent! Give the system a fair try. Behaviors which have developed over years cannot be changed overnight.
2. Reinforce only appropriate behavior - attention for inappropriate behavior is reinforcing!
3. "Shape" behavior by reinforcing improvements in behavior. Reward successive approximations. Lower expectations if necessary so that the child may experience success and reward.
4. Withdraw privileges only when absolutely necessary. When a privilege is withdrawn, be sure to specify a way to earn it back.

In Contingency Contracting, the teacher and/or student write an agreement which states consequences that will occur given the performance of specified appropriate behaviors. (Kelly et. al., 1985). It is important to discuss with the student what behavior is expected and how that behavior will be rewarded. When putting the agreement in written form (contingency contract) it must be written clearly and concisely. The contract should state desired behavior, reinforcer to be earned, and time of reward. The contract should be discussed between student and teacher and then signed by both parties. Both teacher and student should keep a copy of the contract.

Reinforcers follow a stimulus and strengthen or increase the future occurrence of the response. Three groups of reinforcers important to the teachers are social reinforcers, token reinforcers, and activity reinforcers. (Becker, 1975)

Social Worker's Role: The social worker should be aware of the type of behavioral management plan the teacher has developed. It is the social worker's responsibility to be supportive and consistent with students in regard to following the steps developed within the behavioral management plan. The social worker may assist the teacher in developing behavioral goals.

Suggestions:

1. Observe the behavioral management plan in action by visiting a classroom.

2. Review the behavioral management plan with the teacher.

3. Provide the teacher the opportunity to use your services as a support system in working with individual students.

4. Try to keep the social worker's role in the behavior management plan as a positive reinforcer.

   Examples:

   a. Teacher sends student to social worker for a pat on the back for having a good day or successfully completing assignments.

   b. Social worker periodically comes to the classroom to observe student. Positive comments made at this time on appropriate behavior.

   c. Social worker provides special treat or recognition for students who successfully have a good week.

   d. Social worker provides encouragement for student who is not completing all tasks. However, the social worker should never become involved in any negative or punishment aspect of a behavioral management plan.

5. Establish guidelines with the EH teacher regarding situations in which individual counseling may be necessary to address specific concerns.

It is understood that the needs of the emotionally handicapped student can be very demanding on the social worker's time which must be shared with other students. It is essential that the EH teacher and social worker plan ahead to determine when counseling services would be most beneficial.

Social Worker Crisis Intervention

Teachers and other professionals of students with emotional handicaps must be prepared for the possibility of physical aggression in the classroom or other areas. aggression appears in a variety of forms ranging from verbal abuse to physical violence. The goal is to stop the aggression before it reaches the physical level. In most cases, if verbal interventions are implemented properly, physical violence in the classroom will be prevented.

In the rare instances that it does occur, physical interventions may be necessary. In a crisis situation, the teacher's primary concern is care and personal safety for students and self. In order to provide this security, a teacher must, at all times, preserve the dignity of the student.

Remember, Crisis Intervention techniques are applied in this sequence: non-verbally, verbally, and then, as a last resort, physically.

Social Worker Role

The teacher should have a crisis intervention plan in effect; the social worker should be aware of the procedures and his/her role in the plan. The social worker's role may be:

-to talk to student before, during, or after crisis to help maintain appropriate behavior and help student internalize appropriate behavior;
-to serve as a member of the crisis intervention team (the social worker must become familiar with physical restraint techniques);
-to assist in crisis intervention planning;
-to contact outside agencies, if necessary.

The following pages are examples of the types of behavioral logs, charts, and checklists used by EH teachers in implementing and monitoring a behavioral management plan.

DAILY PROGRESS REPORT FORM

Student_____ Teacher_____

Week Beginning_____

A check indicates satisfactory performance ✓
A zero indicates unsatisfactory performance 0
NA indicates that the item does not apply NA

| | Mon. | Tues. | Wed. | Thurs. | Fri. |
|---|---|---|---|---|---|
| 1. Homework turned in | | | | | |
| 2. Follows directions | | | | | |
| 3. Gets right down to work | | | | | |
| 4. Pays attention to teacher | | | | | |
| 5. Tries hard to do assignments (effort) | | | | | |
| 6. Respects the rights of others | | | | | |
| 7. Follows class and school rules | | | | | |
| 8. Talks at proper time | | | | | |
| 9. Acceptable behavior in special classes (art, music, physical ed., etc.) | | | | | |
| 10. Other: | | | | | |
| Teacher's Initials | | | | | |

COMMENTS FROM TEACHER

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

PARENTS' SIGNATURE

_____

_____

_____

_____

_____

1. Child takes home chart daily.
2. Parent signs chart daily.
3. Child returns child to school daily

BEHAVIOR CHECKLIST

NAME: _____ DATE: _____

| | | 8:30- 9:15 | 9:15-10:00 | 10:00-10:45 | 10:45-11:30 | 11:30-12:15 | 12:15- 1:00 | 1:00- 1:45 | 1:45- 2:30 | 2:30- 3:15 | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CLASS RULES | 1. Do your work. | | | | | | | | | | | |
| | 2. Keep hands, feet, and objects to yourself. | | | | | | | | | | | |
| | 3. Stay in assigned area. | | | | | | | | | | | |
| | 4. Speak appropriately with permission. | | | | | | | | | | | |
| | 5. Take care of equipment. | | | | | | | | | | | |
| INDIVIDUAL GOALS | 6. _____ will comply with adult requests the first time. | | | | | | | | | | | |
| | 7. _____ will make positive statements about others. | | | | | | | | | | | |
| | 8. _____ will maintain eye contact when speaking or being spoken to. | | | | | | | | | | | |
| | 9. _____ will use appropriate language to express anger or frustration. | | | | | | | | | | | |
| | 10. _____ will respond to teasing or name calling by ignoring, changing the subject, or some other constructive means. | | | | | | | | | | | |
| | TOTAL | | | | | | | | | | | + Bus Points |



TOTAL

## SCHEDULES

Scheduling is a crucial part of a structured behavior management system. Students need systematic planning to accomplish their goals. Each student is given an individual daily schedule. The schedule is posted near the students to encourage independence. Students know the activities for the entire day, eliminating any "surprises." Each day begins with a class meeting involving all members of the class, teacher, and aide. During this class meeting, class rules are reviewed, individual goals are recited, and all students have an opportunity to discuss any problems they are experiencing or talk about generally anything that is of interest. This is not a period of idle conversation but an exchange of information which enhances social skills. All students are expected to follow group rules. The culminating activity for the day is the afternoon class meeting. At this time, a student's behavior checklist is reviewed to compute the points he/she earned into percentages. The percentages are sent home with students to inform parents of their child's performance for the day. Before leaving the class meeting, each child is required to compliment him/herself on something he/she did well during the day. After complimenting him/herself, he/she praises each of his/her peers for exhibiting a specific appropriate behavior.

STUDENT SCHEDULE

NAME: _____ DATE: _____

| TIME | |
|---|---|
| 9:00-9:30 | CLASS MEETING |
| 9:30-10:15 | READING COMPREHENSION #11 |
| 10:15-11:00 | READING COMPREHENSION WORKSHEET #11 |
| 11:00-12:00 | COUNSELING |
| 12:00-12:30 | LUNCH |
| 12:30- 1:00 | MATH - P. 108-110 |
| 1:00- 2:00 | SPELLING - UNIT 16 TEST & P. 89 |
| 2:00- 2:45 | LANGUAGE - Brown Card 8 #2, 3 & 4 |
| 2:45- 3:15 | CLASS MEETING |
| | |
| | |

## BEHAVIOR LOG

| Date/Time | ANTECEDENT | BEHAVIOR | CONSEQUENCE |
|---|---|---|---|
| | | | |

## BUS REPORT

Because emotionally handicapped students frequently exhibit behavior problems while on the bus, it is necessary to monitor their behavior coming to school and going home each day. The bus drivers are responsible for filling out the daily bus reports informing the teacher of appropriate and inappropriate behaviors. The points earned each day on the bus are added to points earned in classroom to determine the daily percentage. To encourage greater independence in older, more responsible students, the teacher should allow him/her to bring the report in from the bus driver each day. If he/she fails to get it to the teacher, the bus points earned for that day do not count.

### BUS REPORT

NAME: _____ DATE: _____

| RULES | MON.-A.M. | TUES.-A.M. | WED.-A.M. | THURS.-A.M. | FRI.-A.M. |
|---|---|---|---|---|---|
| 1. Stay in seat at all times. | | | | | |
| 2. Speak quietly. | | | | | |
| 3. Keep hands, feet, objects to yourself. | | | | | |
| 4. Use appropriate language. | | | | | |
| 5. Follow directions given by bus driver. | | | | | |
| TOTAL: | | | | | |
| | MON.-P.M. | TUES.-P.M. | WED.-P.M. | THURS.-P.M. | FRI.-P.M. |
| 1. Stay in seat at all times. | | | | | |
| 2. Speak quietly. | | | | | |
| 3. Keep hands, feet, objects to yourself. | | | | | |
| 4. Use appropriate language. | | | | | |
| 5. Follow directions given by bus driver. | | | | | |
| TOTAL: | | | | | |
| DAY'S TOTAL: | | | | | |

WEEK'S TOTAL _____

# Chapter IV

# Affective Education

## Affective Education

Affective education is "systematic instruction to help students acquire information, attitudes, and skills which will encourage appropriate behavior and mental health" (Colorado Department of Education, 1980). The goal of affective education is to provide instruction in specific skills, attitudes, and techniques to meet the social/emotional instructional needs of the student with emotional handicaps.

Affective education is based on three assumptions:

(1) students with emotional handicaps need instruction in the affective as well as cognitive and psychomotor domains;
(2) because of their handicaps, students who are emotionally handicapped either don't acquire or don't use information about appropriate ways of behaving; and
(3) most students are able to utilize information and skill instruction when provided the opportunity.

To be most effective, affective education should be specific to students' needs, planned, and used concurrently with behavioral management techniques, classroom management techniques, and academic instruction.

Typical affective education programs which are appropriate for EH students include cognitive - behavioral interventions and social skills training. Cognitive - behavioral techniques are generally appropriate in helping students develop greater self-control, decrease impulsivity, and increase attention. The main strategies are self-instructional training, verbal mediation, behavioral self-control, and problem solving.

Social skills training is designed to help students develop social and interpersonal skills which are necessary for developing positive relationships in school, home, and the community. These are crucial because many of the emotionally handicapped students' IEP goals and objectives are related to improved behavior.

A bibliography of materials which may be used in these areas is listed on the next page.

What is the social worker's role in affective education?

1. The social worker may serve as a consultant to the EH teacher in regard to the following areas:
   a. available affective education materials;
   b. information concerning group composition;
   c. techniques for conducting groups;
   d. group behavior management techniques.
2. The social worker may arrange individual counseling services for students in the program.
3. The social worker may include EH students in ongoing counseling groups.
4. The social worker may co-lead activities such as social skills training with the EH teacher.
5. The social worker may provide crisis intervention for emotionally handicapped students.

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# Chapter V

# Communication

A social worker must use many skills in working effectively with various groups and individuals in order to provide educational services to emotionally handicapped students. The following suggestions are provided to help social workers define their role within the EH program.

## Communication in the Emotionally Handicapped Program

It is essential that the social worker support the teacher and program for emotionally handicapped students. A cooperative effort and advanced planning by all staff members involved in the program will eliminate unnecessary conflict and misunderstandings. Maintain a diplomatic approach when dealing with all professionals in the program. All have frustrations.

A. Competencies - Interpersonal Skills

1. Ability to function effectively within a multidisciplinary team.

2. Ability to establish and facilitate open communication and problem solving with students, parents, teachers, administrators, other professionals, paraprofessionals, and outside agencies while respecting the confidential nature of student needs.

3. Ability to function as an appropriate role model.

B. Competencies - Consultation/Counseling

1. Knowledge of resources that provide services to emotionally handicapped students and recognition of when to utilize them.

2. Ability to use basic counseling skills regarding interviewing, listening, etc.

3. Ability to serve as a resource for regular classroom teachers, EH teachers, administrators, paraprofessionals, parents, and other professionals.

C. Communicating with the Teacher

1. Discuss the role of social worker as a means of support to the program.

   a. Welfare needs (tuition, lunches, clothing)
   b. Employment services
   c. Attendance
   d. Family concerns
   e. Group and individual counseling
   f. Accurate and up-to-date records on student, home, and community contracts.
   g. Communication between school, home, and community.

2. Provide a sounding board for the teacher of the emotionally handicapped student. There will be a need for the teacher to have someone as an ear to use for venting frustrations and concerns.

3. Visit the classroom to provide visual support for the teacher.

D. Communicating with Parents

Parents should be as actively involved in the program as possible. Some tips for working with them in a positive fashion are:

1. Keep them informed by notes home, periodic conferences, and program visits.

2. Send positive notes as frequently as possible so that if negative news needs to be conveyed, you have had other positive communications.

3. Listen to any concerns or questions parents may have.

4. Communication with parents must be mutually respectful.

5. Keep in mind verbal and nonverbal communication. Listen for feelings.

6. Remember that sometimes parents are not involved. This should not be viewed as parent's lack of interest in their child.

E. Communicating with Students

1. Explain your roles and responsibilities with the school program.

2. Show the students where you are located in the school building.

3. Discuss available services both in the school system and the community.

4. The social worker should periodically meet with each emotionally handicapped student to develop a rapport and understanding of individual students.

F. Communicating with Related Services

As a social worker, you may be directly involved with Related Services Personnel. These people directly interface with students on a consistent basis. They may include Nurse, Speech/Language Pathologist, Occupational Therapist, Physical Therapist, and other special education personnel. Related Services may be required to assist the handicapped student to benefit from special education.

Chapter VI

Tip Sheet

1. An EH program will only work if you support the program. Accept the program, and find ways to make it work.

2. Establish rapport with the teacher and students. Introduce yourself early. Spend time working with and watching the students. Be visible, and maintain continuous contact throughout the year.

3. Remember, listening is important.

4. Remember that you have seen and worked with these students in the past. They just weren't labeled at that time. Actually, by identifying them, you have a better handle on their behavior and their individual progress.

5. Be sure teachers have updated release of information forms. You cannot share data with agencies unless parents give written consent.

6. Try to maintain contact with parents at times other than for negative reasons. Positive calls may build rapport.

7. In a situation where a child is potentially dangerous to self or others, you may want to consider shortened school days, which must be a result of a case conference.

8. Do not back EH students into a corner. Give them options and choices. Avoid power struggles.

9. Don't argue with EH students it is a no-win situation.

10. The social worker could become a positive reinforcer to the EH student.

11. Maintain your sense of humor. Smiling or laughing may diffuse a potentially explosive situation.

12. Don't hesitate to ask for help. Call the director.

13. Don't assume anything.

14. Find common ground with parents. Emphasize the needs of the students.

15. Be sensitive to the needs of the teachers. Just because you haven't heard from them doesn't mean all is well.

16. Don't put yourself into a corner. Be flexible. Use words such as may as opposed to will.

17. Pre-plan as much as possible so that if a problem occurs, a plan goes into effect.

18. Be consistent. This eliminates the possibility of students "begging for special favors."

19. Don't take negative comments personally.

20. Maintain contact with faculty and support staff who have both direct (mainstream classes and supervised free time) and indirect (passing periods and general observations) contact with EH students.

21. ACT rather than REACT.

22. Know your support systems in emergency situations--behavioral consultant, police liaison, etc.

23. Be patient.

24. Don't hold a grudge. Remember THEY are emotionally handicapped.

25. Don't criticize or embarrass students in front of others.

26. Talk with other social workers in the district or contiguous school settings who may have experienced this program in the past or are doing so now.

27. Keep contact with agencies involved with EH students and share positives about students whenever possible.

28. Be prepared to offer suggestions and assistance when contacting outside agencies.

29. Document important contacts with EH students and with agencies regarding student.

30. Advise EH students regarding their rights of confidentiality and what as a social worker you must report. It is important to do this during initial contacts in order to build and keep student's trust.

31. At the end of the year, meet with the teacher to review your year's progress.

APPENDICES

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Appendix A

## Summary of Parent's Rights

Parents are to receive a complete written copy of their rights prior to evaluation, prior to placement, and prior to a change in placement.

### Protection in Evaluation

1. The right to have the evaluation done in a way that is not biased, and conducted in such a manner that safeguards are observed.

### Additional Evaluation

2. The right to have the student tested by professional persons outside the school system at the parent's expense and to have that evaluation considered by the school. The right to request an independent evaluation at the school's expense if the parents disagree with the school's evaluation.

### Individualized Educational Program

3. The right to have a Case Conference Committee determine eligibility for special education and prepare an individual educational program (IEP).

4. The right to an Annual Case Review Conference to revise or review the individualized educational program.

### Hearing Rights

5. The right to request a hearing before an independent hearing officer if the parents object to the planned evaluation.

6. The right to request a hearing if the parents oppose the proposed program.

7. The right to appeal to the Commission of General Education after hearing procedures have been followed.

### Least Restrictive Environment

8. The right to have the student educated in the least restrictive environment which is appropriate to meet the student's needs.

### Confidentiality

9. The right to examine and copy all of the student's school records.

10. The right to have the student's education records treated in a confidential manner, including the right to amend the records.

### Complaint Procedure

11. The right to initiate a complaint with the Local Director of Special Education concerning the implementation of Rule S-1.

CONTINUUM

## A Continuum of Services for Emotionally Handicapped Students

The state and federal regulations, which provide the basis for program structure in special education, assume handicaps categorically range from mild to severe. Programs for the emotionally handicapped are not an exception. The continuum of services required range from prevention/early intervention to hospitalization.

Figure 1 represents a simplified overview of a continuum of services for emotionally handicapped students. It identifies five levels of placement or program alternatives, indicating an increasing restrictiveness in the options as one would move from Level I to Level V. It also indicates a change in emphasis from treatment to instruction.

Generally, a direct correlation exists between placement restrictiveness and severity of the emotional handicap. However, the management of some behavioral characteristics is independent of this correlation. That is, because of instruction and treatment management requirements, occasionally pupils with clinically more severe emotional handicaps may be placed in less restrictive environments. Similarly, pupils with clinically less severe handicaps might require more restrictive placements in order to meet their needs.

A complex relationship exists among treatment, instruction, and placement restrictiveness. Emphasis on treatment usually increases with the restrictiveness of placement, whereas emphasis on instruction usually decreases as placement restrictiveness increases. With respect to program planning, treatment, and instruction, components are of equal importance, regardless of the emphasis on one or the other indicated by the IEP for a particular child. Restrictiveness of placement then is determined based upon the child's need for special instruction and/or treatment.

Figure 1

PROGRAMMING CONTINUUM FOR
INDIANA'S EMOTIONALLY HANDICAPPED STUDENTS

| Least | | (Severity of Handicap) | | Most |
|---|---|---|---|---|
| Level I | Level II | Level III | Level IV | Level V |
| Regular Class | Regular Class + Specialized | Special Class | Special School | Other Environments |
| Full Time Regular Class | Part Time Regular Class | All or most instruction separate from Regular Classes | No Regular Classes All Special Education | Emphasis on Treatment & Therapies |
| Support Personnel | Support Personnel | Support Personnel | Support Personnel | |
| Not Enrolled in Special Education for Instruction or Therapy | | | | |
| Least | | (Treatment Emphasis) | | Most |
| Most | | (Instructional Emphasis) | | Least |

Appendix C
Placement Process Flow Chart

PRE-REFERRAL

a) Student experiences difficulty with learning or behavior
b) Teacher makes attempts to help the student overcome difficulty
c) Attempts are unsuccessful
d) Student is referred to counselor
e) Counselor intervenes in classroom, sets up home/school interventions, refers to outside agencies, etc.
f) Interventions are unsuccessful

OBTAIN PARENTAL PERMISSION
FOR EVALUATION

a) Personal interview is conducted with parents, accompanied by written notice in native language or other mode of communication
b) Written parental consent is obtained

DEVELOP ASSESSMENT PLAN
AND CONDUCT EVALUATION

a) Evaluation conducted in student's native language or other mode of communication
b) Tools are administered to assess the education needs of the student
c) All relevant data and reports are assembled (multidisciplinary)
d) Counselor provides data from cumulative records, past interventions with students, classroom observations, etc.

CONVENE CASE CONFERENCE
COMMITTEE MEETING

a) Adequate notice to parents is given
b) Evaluation data and results interpreted
c) Individualized educational program, objectives, and services are discussed
d) Appropriate placement options which provide for the least restrictive environment are determined

OBTAIN PARENTAL PERMISSION
FOR PLACEMENT

a) Written copy of Case Conference Committee meeting. Summary/IEP are given to parents in native language
b) Parents give consent for Placement in the program

Glossary

Annual Case Review - conducted annually by the case conference committee to review, monitor, and review the IEP, if necessary.

Case Conference Committee - a team responsible for making all decisions necessary for developing and implementing an appropriate IEP. This team must include a LEA representative other than the child's teacher; the parent, surrogate parent, or guardian; and the student's teacher. It may include referring teacher(s), principal, counselor, school psychologist, superintendent's designee, and other specialists to provide additional information and expertise relating to the student. The student, if appropriate, may also be included.

Confidentiality - the obligation of persons with knowledge about a child's educational history or characteristics to share that information only with others directly involved with that child and only when it is potentially helpful to him/her.

Consent - written parental permission obtained before a school can conduct a preplacement evaluation or place a child in a special education program.

Due Process - a system of procedures designed to ensure that individuals are treated fairly and have an opportunity to contest decisions made about them.

Educational Disability - a specific cognitive physical or emotional problem that impedes the learning process to the extent that a specially designed instruction is necessary for the person to learn effectively.

Family Education Rights & Privacy Act of 1974 - "Buckley Amendment" - The federal "right to know" that entitles parents access to their children's school records, restricts the release of records to other people, and provides a mechanism through which parents can challenge information contained in the records.

Individualized Education Program (IEP) - a statement of educational goals objectives and services for the handicapped child, which has been formulated after relevant information and data have been gathered from standardized tests and developmental scales, from observations, interviews, and work samples, and from consultants - by a special team or committee which interprets the data for special education program planning.

Least Restrictive Environment (LRE) - a standard established by Public Law 94-142 for special education placement. A child who has an educational disability must be allowed to participate in as much of the regular education program as is appropriate in view of his or her educational needs. The law holds that children with special needs must not be separated from students who do not have disabilities any more than necessary.

Notice - Informing parents in writing before the school initiates or changes "the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child."

Surrogate Parent - a knowledgeable individual assigned to represent the educational interests of a child in the absence of the parents.

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